

# EXHIBIT 11

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UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW JERSEY  
MDL-NO. 16-2738 (FLW) (LHG)

IN RE: JOHNSON & JOHNSON  
TALCUM POWDER PRODUCTS ORAL DEPOSITION OF:  
MARKETING, SALES PRACTICES, DANIEL L.  
CLARKE-PEARSON, MD  
AND PRODUCTS LIABILITY  
VOLUME 2  
LITIGATION

\* \* \* \*

FRIDAY, AUGUST 27, 2021

\* \* \* \*

MASTROIANNI & FORMAROLI, INC.

Certified Court Reporting & Videoconferencing

515 South White Horse Pike

Audubon, New Jersey 08106

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## Page 432

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6 Transcript of proceedings in the  
7 above matter taken stenographically by  
8 Theresa Mastroianni Kugler, Certified Court Reporter,  
9 license number 30X100085700, Notary Public of the  
10 State of New Jersey and the Commonwealth of  
11 Pennsylvania at The Notary Hotel, 21 N. Juniper  
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13 commencing at 9:06 AM.  
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## Page 434

1  
2 SKADDEN ARPS  
3 BY: ALLISON M. BROWN, ESQUIRE  
4 - and -  
5 BY: KATE MULLALEY, ESQUIRE  
6 ONE MANHATTAN WEST  
7 NEW YORK, NEW YORK 10001-8602  
8 212-735-3000  
9 212-735-2000/1  
10 allison.brown@skadden.com  
11 ATTORNEYS FOR THE DEFENDANT,  
12 JOHNSON & JOHNSON  
13  
14  
15  
16  
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18  
19  
20  
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24  
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1 APPEARANCES:  
2  
3 BEASLEY ALLEN LAW FIRM  
4 BY: MARGARET THOMPSON, MD, ESQUIRE  
5 218 COMMERCE STREET  
6 P.O. BOX 4160  
7 MONTGOMERY, ALABAMA 36104  
8 512-695-1708  
9 margaret.thompson@beasleyallen.com  
10 ATTORNEYS FOR THE PLAINTIFFS  
11  
12  
13  
14  
15 ASHCRAFT & GEREL, LLP  
16 BY: MICHELLE A. PARFITT, ESQUIRE  
17 SUITE 700  
18 1825 K STREET NW  
19 WASHINGTON DC, 20006  
20 202-783-6400  
21 FAX 202-416-6392  
22 mparfitt@ashcraftlaw.com  
23 ATTORNEYS FOR THE PLAINTIFFS  
24  
25  
26  
27  
28  
29  
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2 WITNESS INDEX  
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4 EXAMINATION OF DR. DANIEL L. CLARKE-PEARSON, MD  
5  
6 By MS. BROWN Page 439, 697  
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<p>1 EXHIBITS</p> <p>2 EXHIBITS ATTACHED TO THE END OF THIS TRANSCRIPT</p> <p>3</p> <p>4 Exhibit 30, letter from Dr. Daniel L. Clarke-Pearson</p> <p>5 to Dr. Warner Huh and David Cohn and Pierre Desy</p> <p>6 Page 439</p> <p>7 Exhibit D-31, poster entitled Talcum powder induces a</p> <p>8 malignant transformation in normal ovarian epithelial</p> <p>9 cells, by lead author Dr. Ghassan Saed</p> <p>10 Page 491</p> <p>11 Exhibit 32, Dr. Saed poster</p> <p>12 Page 507</p> <p>13 Exhibit 33, case-specific report on Ms. Newsome by</p> <p>14 Dr. Clarke-Pearson</p> <p>15 Page 529</p> <p>16 Exhibit 34, Health Canada assessment referenced in</p> <p>17 correspondence with SGO</p> <p>18 Page 533</p> <p>19 Exhibit 35, Dr. Godleski's report</p> <p>20 Page 580</p> <p>21 Exhibit 36, article by Dr. Megan Hutchcraft from</p> <p>22 updated reliance list</p> <p>23 Page 591</p> <p>24 Exhibit 37 article entitled Obesity and Risk of</p> <p>25 Ovarian Cancer Subtypes: Evidence from the Ovarian</p> <p>Cancer Association Consortium</p> <p>Page 602</p> <p>Exhibit 38, report from John J. Godleski, MD dated</p> <p>June 21, 2021</p> <p>Page 630</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>REQUESTS</p> <p>REQUEST.....Page 485</p>
Page 437	Page 439
<p>1</p> <p>2 Exhibit 39, Expert Report of Daniel L.</p> <p>3 Clarke-Pearson, MD for Pasqualina Rausa</p> <p>4 Page 636</p> <p>5</p> <p>6 Exhibit 40, Plaintiff Profile Form for Pasqualina</p> <p>7 Rausa</p> <p>8 Page 653</p> <p>9</p> <p>10 Exhibit 41, medical record Bates stamped PRAUSAPL-126</p> <p>11</p> <p>12 Page 664</p> <p>13</p> <p>14 Exhibit 42, medical record Bates stamped SVMCRM-9</p> <p>15</p> <p>16 Page 668</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>1 (On the record at 9:06 AM)</p> <p>2 (DANIEL L. CLARKE - PEARSON, MD,</p> <p>3 having been duly sworn, was examined and testified as</p> <p>4 follows:)</p> <p>5 (EXAMINATION OF DR. CLARKE-PEARSON BY MS. BROWN:)</p> <p>6 Q. Good, morning, Doctor.</p> <p>7 A. <b>Good morning.</b></p> <p>8 Q. Happy Friday.</p> <p>9 A. <b>Yes.</b></p> <p>10 Q. We are back again today for the</p> <p>11 continuation of your deposition. And I want to do a</p> <p>12 couple of clean-up things on some additional</p> <p>13 documents that your counsel was good enough to</p> <p>14 provide, ask you a few questions to tie up some loose</p> <p>15 ends about what we were talking about yesterday and</p> <p>16 then we'll transition into the Tamara Newsome case</p> <p>17 and then Pasqualina Rausa, and hopefully get out of</p> <p>18 here at a reasonable time today.</p> <p>19 A. <b>Okay. Good plan.</b></p> <p>20 Q. So let's start by marking -- and, Kate,</p> <p>21 you'll tell me the next exhibit number we're up to,</p> <p>22 if you don't mind.</p> <p>23 MS. MULLALEY: 30.</p> <p>24 (Exhibit 30, letter from Dr. Daniel L.</p> <p>25 Clarke-Pearson to Dr. Warner Huh and David Cohn and</p>

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1 powder, but yet talcum powder was not a cause of  
 2 their ovarian cancers?  
 3 MS. THOMPSON: Objection.  
 4 THE WITNESS: Certainly I went into  
 5 this with, you know, using, you know, my basic  
 6 knowledge that's in my report, and then applied that  
 7 to say let me look at the records, let me look at the  
 8 risk factors, let me look at whatever information I  
 9 can be provided, and then came to my assessment for  
 10 each individual case.  
 11 BY MS. BROWN:  
 12 Q. Understand.  
 13 So there is a scenario then in your  
 14 mind, Doctor, where a woman could be a long-term user  
 15 of baby powder, could develop ovarian cancer and yet  
 16 her long-term use of baby powder would not be a cause  
 17 of her subsequent ovarian cancer, is that fair?  
 18 MS. THOMPSON: Objection.  
 19 THE WITNESS: I think it's fair to say  
 20 it's possible.  
 21 BY MS. BROWN:  
 22 Q. So tell me -- so as I understand it,  
 23 there is a scenario where you used it, you used baby  
 24 powder, you used it for a while, you get ovarian  
 25 cancer, but you make the medical determination, Dr.

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1 what I list as high-risk factors. So I think we have  
 2 to look at those factors and come to some conclusion  
 3 about how many of those factors that patient has.  
 4 BY MS. BROWN:  
 5 Q. So do I understand each of your  
 6 individual reports on each of these plaintiffs  
 7 contains a list of what you consider to be recognized  
 8 risk factors for ovarian cancer, right?  
 9 A. That's right.  
 10 Q. And as I understand what you're saying  
 11 is that if you looked at a plaintiff's individual  
 12 file and it turns out that that plaintiff had an  
 13 overwhelming number of risk factors for ovarian  
 14 cancer, you may come to the conclusion that talc did  
 15 not play a role in her ovarian cancer?  
 16 MS. THOMPSON: Object to form.  
 17 THE WITNESS: Or didn't play a role or  
 18 may have had such a minor role that I wouldn't serve  
 19 as a witness in that particular case.  
 20 BY MS. BROWN:  
 21 Q. Okay. And would those type of factors  
 22 include a woman who was BRCA positive, for example?  
 23 MS. THOMPSON: Objection.  
 24 THE WITNESS: It could be one of the  
 25 high-risk factors.

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1 Clarke-Pearson, that the talcum powder use was not a  
 2 cause of the ovarian cancer, right?  
 3 A. Yes, I could. I could. That's  
 4 hypothetical.  
 5 Q. So tell me what hypothetical facts  
 6 would lead you to the conclusion that a woman who  
 7 used talcum powder for a long period of time and got  
 8 ovarian cancer did not have an ovarian cancer for  
 9 which one of the causes was talc?  
 10 MS. THOMPSON: Object to form.  
 11 THE WITNESS: I think if the patient  
 12 had overwhelmingly -- an overwhelming list of  
 13 high-risk factors, that I would then potentially  
 14 possibly come to the conclusion that talc was  
 15 probably not a significant contributing factor.  
 16 BY MS. BROWN:  
 17 Q. Okay. And I think you used the term  
 18 "an overwhelming list of high-risk factors," is that  
 19 right?  
 20 A. Yes.  
 21 Q. And tell me what you mean by that.  
 22 What is a hypothetical overwhelming list of high-risk  
 23 factors in your mind?  
 24 MS. THOMPSON: Objection.  
 25 THE WITNESS: You've seen in my report

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1 BY MS. BROWN:  
 2 Q. So, for example, a known genetic  
 3 mutation that increases a women's risk for ovarian  
 4 cancer is a significant, key significant factor for  
 5 you as an expert witness in this litigation, is that  
 6 right?  
 7 A. Yes.  
 8 Q. Do you think it's possible for any  
 9 individual woman who is BRCA positive and used talcum  
 10 powder and develops ovarian cancer to have talc as a  
 11 cause of her ovarian cancer?  
 12 A. Yes.  
 13 Q. So BRCA positivity is not enough for  
 14 you to say talc probably didn't play a role?  
 15 A. Correct.  
 16 Q. You would need BRCA positivity and  
 17 something else?  
 18 A. Other things.  
 19 Q. What types of other things?  
 20 A. All those other risk factors that I  
 21 have listed in my report.  
 22 Q. And so is your methodology then, Dr.  
 23 Clarke-Pearson, that you approach the task of whether  
 24 talc caused an individual woman's ovarian cancer by  
 25 looking in the medical records to see if there is

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1 BY MS. BROWN:  
 2 Q. Is it possible in your view, based on  
 3 your review of Ms. Converse's case, to identify how  
 4 many other unknown causes of her ovarian cancer were  
 5 at play in her development of clear cell cancer?  
 6 A. **Sorry, I didn't quite follow the**  
 7 **question.**  
 8 Q. It's a long question.  
 9 Reorienting us to Ms. Converse, you  
 10 identified talcum powder as a cause of her ovarian  
 11 cancer, correct?  
 12 A. **Yes.**  
 13 Q. You identified a family history of  
 14 breast cancer as a cause of her ovarian cancer,  
 15 correct?  
 16 A. **Yes.**  
 17 Q. You have identified one or more unknown  
 18 factors as causes of her ovarian cancer, correct?  
 19 MS. THOMPSON: Objection.  
 20 THE WITNESS: Yes.  
 21 BY MS. BROWN:  
 22 Q. Is it possible for you to say how many  
 23 unknown factors caused Ms. Converse's ovarian cancer?  
 24 MS. THOMPSON: Objection.  
 25 THE WITNESS: I would phrase it to say

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1 each of those in terms of the contribution to the  
 2 clear cell cancer? Meaning, can you say the family  
 3 history of breast cancer was 50 percent of the cause,  
 4 talc was 30 percent of the cause, unknown factors  
 5 were 20 percent?  
 6 Can you do an exercise like that in an  
 7 individual woman's case?  
 8 MS. THOMPSON: Objection.  
 9 THE WITNESS: I think we can -- for  
 10 example, we just said we agreed, for the sake of this  
 11 hypothetical, that 30 percent increased risk  
 12 secondary to talcum powder. So we can start there  
 13 with that number. And you can then take whatever the  
 14 epidemiology says for family history of breast cancer  
 15 that is not BRCA positive and add a number there, and  
 16 then there is still the unknown that you're trying to  
 17 get at.  
 18 BY MS. BROWN:  
 19 Q. Right.  
 20 A. **So there is other things contributing**  
 21 **to -- other causes added to the talc.**  
 22 Q. So if we say talc contributed 30  
 23 percent to Ms. Converse's clear cell cancer, correct?  
 24 A. **Yes.**  
 25 Q. You agree with that?

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1 there are other factors that are unknown that add to  
 2 the other causes that we know she has.  
 3 BY MS. BROWN:  
 4 Q. Okay. So you know talc, you know  
 5 family history of breast cancer, right?  
 6 Can you say how many unknown factors  
 7 caused her ovarian cancer?  
 8 MS. THOMPSON: Objection.  
 9 THE WITNESS: No.  
 10 BY MS. BROWN:  
 11 Q. Do you think it's more than one?  
 12 MS. THOMPSON: Objection.  
 13 THE WITNESS: Most likely, because we  
 14 were talking about several mutations. I've been  
 15 saying 5 to 10.  
 16 BY MS. BROWN:  
 17 Q. So most likely more than one unknown  
 18 factors were also causes of Ms. Converse's clear cell  
 19 cancer, correct?  
 20 A. **Yes.**  
 21 Q. And when you look at a picture like  
 22 that, let's stick with Ms. Converse, you've  
 23 identified talc, identified the family history of  
 24 breast cancer, you've identified some unknown  
 25 factors. Are you able to ascribe a percentage to

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1 A. **Yes.**  
 2 Q. Okay. And what percentage would you  
 3 say her family history of breast cancer contributed  
 4 to her clear cell cancer?  
 5 MS. THOMPSON: Objection.  
 6 THE WITNESS: I would have to go to the  
 7 epidemiology.  
 8 BY MS. BROWN:  
 9 Q. Okay. That's not a percentage that you  
 10 have figured out in connection with your  
 11 case-specific opinion, correct?  
 12 A. **No.**  
 13 MS. THOMPSON: Objection.  
 14 BY MS. BROWN:  
 15 Q. And let's, for the sake of hypothetical  
 16 let's say the family history also contributed 30  
 17 percent.  
 18 Is that reasonable?  
 19 A. **You can say that. It may be high, but**  
 20 **for hypothetical reasons, sure, go ahead.**  
 21 Q. Why don't we do this. Why don't we say  
 22 family history of breast cancer could have  
 23 contributed anywhere from 10 to 30 percent?  
 24 MS. THOMPSON: Objection.  
 25 BY MS. BROWN:

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1 **A. This would be the Fletcher study.**  
 2 Q. Okay. We'll talk about that.  
 3 Have you reviewed the literature that  
 4 talc induces apoptosis of malignant cells and not  
 5 normal cells?  
 6 MS. THOMPSON: Objection.  
 7 THE WITNESS: Apoptosis of cells that  
 8 are damaged that could go on to become malignant,  
 9 yes.  
 10 BY MS. BROWN:  
 11 Q. So there is actually data that shows  
 12 the talc doing a good thing when it comes to  
 13 malignant cells, right? The talc is actually pausing  
 14 apoptosis of the malignant cells, right?  
 15 MS. THOMPSON: Objection.  
 16 THE WITNESS: No, if that's your you're  
 17 understanding, that's not what I'm saying.  
 18 BY MS. BROWN:  
 19 Q. Okay.  
 20 Have you seen that literature where  
 21 talc is inducing apoptosis of only malignant cells?  
 22 **A. I've not seen that literature.**  
 23 MS. THOMPSON: Objection.  
 24 BY MS. BROWN:  
 25 Q. So getting back to what we were talking

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1 the mutation, correct?  
 2 **A. She would have one of those mutations,**  
 3 **yes.**  
 4 Q. Is there a mutation that you believe a  
 5 woman could be born with that already gets her to the  
 6 5 to 10?  
 7 Meaning, does science know of a  
 8 mutation which a woman is born with that can already  
 9 ensure that she's going to get ovarian cancer?  
 10 MS. THOMPSON: Objection.  
 11 THE WITNESS: No, I'm not aware of any  
 12 of that.  
 13 BY MS. BROWN:  
 14 Q. We were talking hypothetically about  
 15 Ms. Converse, but you would agree -- let's talk  
 16 concrete, though, about her now.  
 17 You would agree talc is a cause,  
 18 correct?  
 19 **A. Yes.**  
 20 Q. You would agree family history of  
 21 breast cancer is a cause?  
 22 **A. I think it's a possible cause.**  
 23 Q. And you would agree other -- another  
 24 factor or another factors were a cause of her clear  
 25 cell cancer?

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1 about in Ms. Converse's case, is it possible for you,  
 2 when you did your analysis of Ms. Converse's case, to  
 3 know when the malignant transformations due to her  
 4 family history of breast cancer began?  
 5 MS. THOMPSON: Objection.  
 6 THE WITNESS: The malignant  
 7 transformation with regard to that specific --  
 8 BY MS. BROWN:  
 9 Q. Risk factor.  
 10 **A. -- risk factor, that specific cause,**  
 11 **that one mutation that she may have hypothetically.**  
 12 **We don't -- there is no demonstrated mutation in this**  
 13 **patient's case. We're talking family history. But**  
 14 **if there was a mutation, that's one mutation that she**  
 15 **already has. She inherited that mutation. It didn't**  
 16 **happen later, it happened when she was --**  
 17 Q. Born --  
 18 **A. Even before she was born, so...**  
 19 Q. Okay. So if you think about ovarian  
 20 cancer sort of as this continuum where a woman needs  
 21 to develop 5 to 10 mutations to present with ovarian  
 22 cancer, what you're saying is some causes of ovarian  
 23 cancer, like a family history, a genetic mutation,  
 24 could cause a woman to essentially be born already  
 25 some way along that continuum because she's born with

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1 MS. THOMPSON: Objection.  
 2 THE WITNESS: Probably other factors.  
 3 BY MS. BROWN:  
 4 Q. How do you know, Dr. Clarke-Pearson,  
 5 that the other factors that caused her clear cell  
 6 cancer were not genetic mutations that she was born  
 7 with that already got her to the 5 to 10 before she  
 8 ever used any talc?  
 9 MS. THOMPSON: Objection.  
 10 THE WITNESS: There is no scientist  
 11 evidence of that. Now you're hypothetical again.  
 12 BY MS. BROWN:  
 13 Q. Yeah, but isn't that just the point?  
 14 You're absolutely right, we don't know because we  
 15 haven't discovered those genes, right?  
 16 **A. Right. But in a couple of decades, we**  
 17 **have not found any new ovarian cancer genes. So**  
 18 **scientists are looking for that. Anything is**  
 19 **possible into the future, but right now, as we sit**  
 20 **here today talking about Ms. Converse who has ovarian**  
 21 **cancer, we are not aware of any other gene mutations**  
 22 **there that she harbors.**  
 23 Q. And BRCA, though, itself was only  
 24 discovered in the '90s, right?  
 25 **A. Yes.**

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1       **A. Yes.**  
 2       Q. And you've changed your opinion on that  
 3 today, correct?  
 4       MS. THOMPSON: Objection.  
 5       THE WITNESS: Seeing more information,  
 6 yes.  
 7 BY MS. BROWN:  
 8       Q. And endometrioid ovarian cancer is also  
 9 rare, correct?  
 10       **A. It's rare, but more common than clear**  
 11 **cell.**  
 12       Q. And have you formed the opinion that  
 13 the epidemiology studies regarding endometrioid  
 14 cancer and talcum powder exposure are sufficiently  
 15 powered to pick up a risk?  
 16       MS. THOMPSON: Objection.  
 17       THE WITNESS: In the studies that do  
 18 show an increased relative risk, I believe they're  
 19 powered enough, yes.  
 20 BY MS. BROWN:  
 21       Q. What studies are you relying on for  
 22 your opinion that talcum powder caused Ms. Newsome's  
 23 endometrioid ovarian cancer?  
 24       And you know what we'll do --  
 25       **A. Let me see if I listed them in my**

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1       **report or not.**  
 2       Q. Yeah. I'll try to make it easier. Why  
 3 don't we -- could I please have tab 33 and we'll mark  
 4 as Exhibit 33 to your deposition the case-specific  
 5 report you did on Ms. Newsome.  
 6       (Exhibit 33, case-specific report on  
 7 Ms. Newsome by Dr. Clarke-Pearson, is marked for  
 8 identification)  
 9 BY MS. BROWN:  
 10       Q. Before we get to Newsome, Dr.  
 11 Clarke-Pearson, to round out an open question I had  
 12 yesterday, are you relying on anything other than the  
 13 Terry study for your opinion that talc caused Ms.  
 14 Converse's clear cell cancer?  
 15       MS. THOMPSON: Objection.  
 16       THE WITNESS: The Terry study is, I  
 17 think, the most significant one that I'm relying on.  
 18 BY MS. BROWN:  
 19       Q. And so tell me what you're relying on  
 20 for your opinion that talc caused Ms. Newsome's  
 21 endometrioid ovarian cancer?  
 22       MS. THOMPSON: Objection.  
 23       THE WITNESS: I don't believe I  
 24 referenced them in this report. I know Penninkilampi  
 25 is one of several. There is a half a dozen

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1       peer-reviewed publications that show an increased  
 2 risk of endometrioid carcinoma in patients exposed to  
 3 talcum powder.  
 4 BY MS. BROWN:  
 5       Q. Okay. But how come you didn't put them  
 6 in your report, right?  
 7       I mean like how do I know which ones  
 8 those are and how will I figure that out?  
 9       MS. THOMPSON: Objection.  
 10       THE WITNESS: I didn't put them in the  
 11 report. I wasn't asked to, necessarily, reference  
 12 everything that I said here.  
 13 BY MS. BROWN:  
 14       Q. Well, you referenced that Penninkilampi  
 15 supports your view that talc causes endometrioid,  
 16 right?  
 17       **A. That one comes to my mind.**  
 18       Q. Yes. And here is what I'm struggling  
 19 with. Penninkilampi doesn't report a risk for clear  
 20 cell, right?  
 21       **A. Yes.**  
 22       Q. But yet here you are giving an opinion  
 23 in both the clear cell and in endometrioid cases,  
 24 right?  
 25       **A. Penninkilampi I don't think had enough**

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1       **cases of clear cell in his analysis to come to -- to**  
 2 **have the power to come to that conclusion.**  
 3       Q. So it sounds like you have undertaken  
 4 an evaluation of the number of endometrioid versus  
 5 clear cell cases that Penninkilampi reports?  
 6       MS. THOMPSON: Objection.  
 7       THE WITNESS: He had more. And when he  
 8 did his analysis, there was a statistically  
 9 significant relative increased risk.  
 10 BY MS. BROWN:  
 11       Q. And how does that speak to your  
 12 concerns about power?  
 13       I mean you can find a statistically  
 14 significant risk and not have power, right?  
 15       **A. I think you're getting a little deeper**  
 16 **in the epidemiology, but I mean if it's statistically**  
 17 **significant, then it does have enough power to come**  
 18 **to that conclusion.**  
 19       Q. So is there a methodology that you  
 20 employed to accept Penninkilampi's finding on  
 21 endometrioid ovarian cancer and reject the finding on  
 22 clear cell cancer?  
 23       MS. THOMPSON: Objection.  
 24       THE WITNESS: I felt he had not enough  
 25 cases as opposed to the Terry study.

Pages 528 to 531



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1 **inflammation in other cancers -- chronic inflammation**  
 2 **can cause other cancers including ovarian cancer, so**  
 3 **this is not specific to Type I or Type II ovarian**  
 4 **cancer.**

5 Q. Okay. And I'm just looking for the  
 6 scientific support on the talc, right?

7 Other than Saed, and maybe that's --  
 8 maybe we've talked about it, but other than Dr. Saed,  
 9 is there other scientific literature you rely on for  
 10 your opinion that talc induces chronic inflammation  
 11 that can cause both Type I and Type II epithelial  
 12 ovarian cancer?

13 A. I think that's been put into the -- I  
 14 think what you're asking is, are there basic science  
 15 research that I'm aware of or is there very strong  
 16 cancer biology evidence that inflammation causes  
 17 mutations. And we have evidence that talc causes  
 18 inflammation and causes mutations. So mutations --  
 19 some mutations cause colon cancer, not because of  
 20 talc, but because of chronic inflammation. And we  
 21 can go on with other cancers. Obesity causes  
 22 inflammation and increases risk of breast and colon  
 23 cancer. So that inflammation is the trigger that  
 24 leads to mutations. And in our discussion today,  
 25 we're talking about ovarian cancer.

Page 542

1 reviews. However, there was very little consistency  
 2 in whether or how these subgroup analyses were  
 3 conducted across the available studies.

4 Do you agree with that?

5 A. Well, there is certainly a variation,  
 6 I'm not sure of little consistency, but -- so they're  
 7 not all uniform in terms of their analysis. So I  
 8 would agree that they're not all uniform.

9 Q. Thereby leaving the analyses limited  
 10 and likely underpowered (low sample sizes)

11 Do you agree that the subgroup analyses  
 12 in the talc EPI are limited and likely underpowered?

13 A. That's what I've been trying to say  
 14 about being underpowered. In many of these studies,  
 15 they just don't have -- because endometrioid cancer  
 16 and ovarian cancer and clear cell ovarian cancer are  
 17 rare diseases, much less so than high-grade papillary  
 18 serous cancers that would have to have enough of  
 19 those cases to show a statistical significance and  
 20 increased relative risk.

21 Q. Yeah. And, in fact, one of the  
 22 critiques from kind of your side of the aisle here  
 23 from the talc EPI is that by and large plaintiffs'  
 24 experts argue that the cohort studies are  
 25 underpowered to pick up the smallest, right?

Page 541

1 Q. So take an environmental carcinogen  
 2 like smoking, right? Would you agree that smoking,  
 3 in the literature, is pretty much only associated  
 4 with one type of epithelial ovarian cancer, mucinous?

5 A. Smoking and ovarian cancer? Yes,  
 6 apparently so.

7 Q. So explain to me why it would be that  
 8 smoking, whatever mutations cigarette components  
 9 induce, only cause one histologic subtype of cancer  
 10 where, in your view, talcum powder can cause  
 11 mutations in all these different types of ovarian  
 12 cancers?

13 MS. THOMPSON: Objection.

14 THE WITNESS: I'm not sure I understand  
 15 the -- the -- what smoking does to cause a mutation.  
 16 Is it chronic inflammation? That's what I'm talking  
 17 about. Or is it some other carcinogenic factor in  
 18 nicotine or other smoke products that causes a  
 19 mutation that results in a specific type of ovarian  
 20 cancer?

21 BY MS. BROWN:

22 Q. So this is what Health Canada goes on  
 23 to say in the last paragraph on page 17: Tumor  
 24 subtypes are one of the many subgroups analyses  
 25 conducted in several of the epidemiology studies and

Page 543

1 A. Yes.

2 Q. And that's sort of one of your  
 3 critiques of the cohorts too, right?

4 A. One of them, yes.

5 Q. And that means, in your view, Dr.

6 Clarke-Pearson, there are not enough pieces of people  
 7 with ovarian cancer in the cohort studies to  
 8 sufficiently look for and identify a risk, correct?

9 MS. THOMPSON: Objection.

10 THE WITNESS: Are we talking about  
 11 clear cell and endometrioid now?

12 BY MS. BROWN:

13 Q. I'm talking about the genetic critique  
 14 that you have of the cohorts, right, that there  
 15 aren't enough people who got ovarian cancer in those  
 16 studies to make the studies reliable, right?

17 MS. THOMPSON: Objection.

18 THE WITNESS: There is a number of  
 19 critiques I have about the cohort studies.

20 BY MS. BROWN:

21 Q. That's one of them?

22 A. That might be one.

23 Q. Yeah, that's one.

24 So how do you reconcile, Dr.

25 Clarke-Pearson, your critique of the cohort studies

Pages 540 to 543

Page 580

1 MS. THOMPSON: Objection.  
 2 THE WITNESS: I think it's one piece of  
 3 evidence, and there is others that do talk about a  
 4 dose response and a higher risk in patients that use  
 5 it more frequently or for longer periods of time.  
 6 BY MS. BROWN:  
 7 Q. Do you believe that to be true, that in  
 8 women who use talcum powder more frequently for  
 9 longer periods of time, they were at an increased  
 10 risk of ovarian cancer over people who use it less?  
 11 A. Yes.  
 12 Q. Have you quantified the amount of  
 13 increased risk as it relates to the amount of usage?  
 14 A. No, I have not, because it's hard to  
 15 quantitate the actual dose, if you will.  
 16 Q. A couple quick questions about Dr.  
 17 Godleski's report as it relates to Ms. Newsome.  
 18 Let's mark, if we could, as Exhibit 35  
 19 to your deposition, Dr. Godleski's report.  
 20 (Exhibit 35, Dr. Godleski's report, is  
 21 marked for identification)  
 22 BY MS. BROWN:  
 23 Q. We've marked as Exhibit 35 to your  
 24 deposition, Dr. Godleski's report.  
 25 And I want to direct your attention to

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1 MS. THOMPSON: Objection.  
 2 THE WITNESS: Anything is possible.  
 3 BY MS. BROWN:  
 4 Q. Do you have any opinion about whether  
 5 or not Ms. Newsome was exposed to asbestos?  
 6 A. I'm not aware of any history of her  
 7 being exposed or her family being exposed.  
 8 Q. Did you, other than what was reported  
 9 in the deposition and the medical records, did you do  
 10 an independent effort to collect information about  
 11 potential asbestos exposures Ms. Newsome may have  
 12 experienced?  
 13 A. I have not.  
 14 Q. Same questions for heavy metals,  
 15 fragrances and fibrous talc.  
 16 Did you undertake any independent  
 17 effort to investigate potential exposures Ms. Newsome  
 18 might have had to any of those materials?  
 19 MS. THOMPSON: Objection.  
 20 THE WITNESS: No, no independent  
 21 evaluation.  
 22 BY MS. BROWN:  
 23 Q. So let's take a look at your  
 24 case-specific identification of risk factors and your  
 25 conclusion for Ms. Newsome.

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1 page 4.  
 2 A. I'm sorry. Page 4?  
 3 Q. Yep.  
 4 And this is the section of Dr.  
 5 Godleski's report where he reports on some of his  
 6 findings.  
 7 Do you see that?  
 8 A. Yes.  
 9 Q. All right. And Dr. Godleski found a  
 10 total or claims to have identified a total of 821  
 11 particles in this case, correct?  
 12 A. Yes. I see that in the top of the  
 13 second paragraph.  
 14 Q. Do you know what those particles were?  
 15 A. I don't.  
 16 Q. Have you done any analysis for any of  
 17 the 821 particles that Dr. Godleski claims to have  
 18 found in Ms. Newsome's tissue?  
 19 Have you done any analysis about  
 20 whether or not any of those caused her ovarian  
 21 cancer?  
 22 A. No.  
 23 MS. THOMPSON: Objection.  
 24 BY MS. BROWN:  
 25 Q. Is that possible?

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1 Do you believe that Ms. Newsome's age  
 2 was a cause of her ovarian cancer?  
 3 A. She was only 53, so she was certainly  
 4 younger than the average age of women with ovarian  
 5 cancer. But I would acknowledge that age, as we get  
 6 older, does increase the risk slightly.  
 7 Q. Are you able to ascribe a percentage  
 8 that Ms. Newsome's age contributed to her ovarian  
 9 cancer?  
 10 MS. THOMPSON: Objection.  
 11 THE WITNESS: No.  
 12 BY MS. BROWN:  
 13 Q. We talked about earlier, would you  
 14 ascribe a 30 percent contribution of talc to the  
 15 cause of her ovarian cancer?  
 16 MS. THOMPSON: Objection.  
 17 THE WITNESS: I think in the sense of  
 18 looking at population-based studies, the population  
 19 exposed would be increased 30 percent. The  
 20 specifics, you know.  
 21 BY MS. BROWN:  
 22 Q. Have you identified any other causes of  
 23 Ms. Newsome's ovarian cancer?  
 24 A. Well, we've got Dr. Godleski's report  
 25 which correlates with my opinion about talc. So

Pages 580 to 583

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1 have developed ovarian cancer, correct?  
 2 MS. THOMPSON: Objection.  
 3 THE WITNESS: Yes.  
 4 BY MS. BROWN:  
 5 Q. And it is your opinion that but for Ms.  
 6 Rausa's use of Johnson's Baby Powder, she would not  
 7 have developed ovarian cancer, correct?  
 8 MS. THOMPSON: Objection.  
 9 THE WITNESS: More likely than not,  
 10 yes.  
 11 BY MS. BROWN:  
 12 Q. And how can you say that when you have  
 13 identified in, so far, Ms. Converse and Ms. Newsome's  
 14 cases, the fact that there were unknown causes of  
 15 these women's ovarian cancer?  
 16 MS. THOMPSON: Objection.  
 17 THE WITNESS: Because we do have one  
 18 known cause of ovarian cancer, which is their use of  
 19 talcum powder.  
 20 BY MS. BROWN:  
 21 Q. But how can you say that if these women  
 22 had not used talc, they would not have developed  
 23 ovarian cancer from these causes that we don't yet  
 24 know what they are?  
 25 MS. THOMPSON: Objection.

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1 THE WITNESS: I think that talcum  
 2 powder causes ovarian cancer, it is a cause of  
 3 ovarian cancer, they took it excessively and it  
 4 caused their -- it was a cause of their ovarian  
 5 cancer in addition to unknown causes that you're  
 6 talking about.  
 7 BY MS. BROWN:  
 8 Q. Right.  
 9 But how are you able to form the  
 10 opinion that, let's talk about Ms. Newsome, if she  
 11 had not used talc, that either her age alone would  
 12 have caused her -- would not have caused her ovarian  
 13 cancer or these unknown causes that you've identified  
 14 would not have caused her ovarian cancer?  
 15 How can you say that?  
 16 MS. THOMPSON: Objection.  
 17 THE WITNESS: I think talcum powder is  
 18 what caused her -- pushed her over with the mutations  
 19 that talcum powder caused. She didn't have other  
 20 risk factors except slightly younger age than  
 21 average. So how else do we explain it?  
 22 BY MS. BROWN:  
 23 Q. Well, isn't one way we explain it that  
 24 there are a bunch of factors that we know are causing  
 25 this disease and we haven't yet identified what they

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1 are?  
 2 **A. That's part of the explanation, but not**  
 3 **the whole explanation.**  
 4 **(Off-the-record discussion)**  
 5 **(Lunch recess)**  
 6 BY MS. BROWN:  
 7 Q. Welcome back, Dr. Clarke-Pearson.  
 8 **A. Thank you.**  
 9 Q. We'll try to pretty briefly finish up  
 10 our discussion regarding Ms. Newsome.  
 11 Just to reorient ourselves, prior to  
 12 the break, am I correct that you had identified age  
 13 as a cause of Ms. Newsome's endometrioid cancer?  
 14 **A. Increasing age, yes, is a cause.**  
 15 Q. You had, of course, identified talc as  
 16 a cause of Ms. Newsome's endometrioid cancer,  
 17 correct?  
 18 **A. Yes.**  
 19 Q. And you had identified a factor or a  
 20 number of factors that are yet unknown as a cause or  
 21 causes of Ms. Newsome's endometrioid cancer, correct?  
 22 **A. Yes.**  
 23 Q. In terms of what percentage in  
 24 Ms. Newsome's case you would assign to each one of  
 25 those factors, can you give an opinion on that?

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1 MS. THOMPSON: Objection.  
 2 THE WITNESS: No, I can't give an  
 3 opinion about the exact percentage, if you will, or  
 4 assign an exact weight to each one of the those.  
 5 BY MS. BROWN:  
 6 Q. You noted in your Newsome report that  
 7 Ms. Newsome was diagnosed with [REDACTED], correct?  
 8 [REDACTED]  
 9 **A. That's correct.**  
 10 Q. And you indicate in your report that  
 11 that is not a clinically significant finding, right?  
 12 **A. Yes.**  
 13 Q. What do you mean by that?  
 14 **A. There is no evidence in the literature**  
 15 **that I was able to identify, nor is there any**  
 16 **evidence in the National Cancer Center data base,**  
 17 **ClinVar, that [REDACTED] has been reported**  
 18 **to be associated with any cancers, including ovarian**  
 19 **cancer.**  
 20 Q. I want to show you what we'll mark as  
 21 Exhibit 36 to your deposition, which is an article  
 22 from your updated reliance list by Dr. Hutchcraft, et  
 23 al.  
 24 (Exhibit 36, article by Dr. Megan  
 25 Hutchcraft from updated reliance list, is marked for

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Page 604

1 of 1.63 for endometrioid ovarian cancer, correct?

2 **A. Yes, that's what it says.**

3 Q. And that would be a 63 percent

4 increased risk of ovarian cancer, according to the

5 authors of this study, correct?

6 **A. Yes, in a population, yes.**

7 Q. And you disagree, based on your review

8 of the literature, with that finding, is that right?

9 **A. I think that IARC has a different**

10 **conclusion on that particular topic. But I would**

11 **point that Mrs. Newsome didn't have a BMI over 30,**

12 **she had a BMI of 28.5.**

13 Q. Well, a couple of things.

14 Did you consider Ms. Newsome's own

15 report of her maximum weight in the five years prior

16 to her ovarian cancer diagnosis?

17 **A. Yes.**

18 Q. And what was that, Doctor?

19 **A. I don't recall.**

20 Q. Are you aware that she reported a

21 height of five-and-a-half inches and a highest weight

22 of 175 pounds --

23 MS. PITTARD: Objection.

24 BY MS. BROWN:

25 Q. -- prior to her ovarian cancer?

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1 **A. I would have to see that, but it's not**

2 **really relevant to what her BMI was at the time of**

3 **her surgery.**

4 Q. Well, but for obesity to increase your

5 risk of ovarian cancer, sort of the day of your

6 surgery weight really doesn't make a difference,

7 right?

8 MS. PITTARD: Objection.

9 THE WITNESS: So then to turn it around

10 and say when you're 20 years old and your BMI is 20

11 and you put on a lot of weight and you go up and then

12 you come down, the statistics that we use to come to

13 these sort of conclusions are based on the weight at

14 the time of diagnosis, not the weight three years

15 prior or the weight three years after. It's the

16 weight at the time of diagnosis and the height at the

17 time of diagnosis. It then becomes the BMI that then

18 becomes part of the statistic.

19 BY MS. BROWN:

20 Q. But that's not at all what the authors

21 in the article we were looking at, though, were

22 reporting, right?

23 So they really investigated a maximum

24 BMI, an early adult BMI, like what you were talking

25 about, right, and then a recent BMI.

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1 Do you see that in table three?

2 **A. I'll have to go back to table three.**

3 Q. Sure.

4 **A. So please show me where you're reading**

5 **from now.**

6 Q. So we have been talking about that

7 middle category, about what an individual's maximum

8 BMI was, right?

9 **A. Right.**

10 Q. But they also investigated what their

11 recent BMI was to see if that conferred a risk.

12 Right?

13 Do you see that in the top section?

14 **A. Yes.**

15 Q. And then they also investigated, as you

16 were just discussing, early adult BMI, right?

17 **A. I see that down the bottom section,**

18 **yes.**

19 Q. And, in fact, for individuals who had

20 an early adult BMI of 30 to 34, they found a

21 statistically significant increased risk of

22 endometrioid cancer as well, right?

23 **A. Yes.**

24 Q. And for individuals who had a recent

25 BMI of 30 to 34, they also found a statistically

Page 607

1 increased risk of endometrioid cancer, correct?

2 **A. Correct. But [REDACTED]**

3 **[REDACTED]**

4 Q. That's according to your review of one

5 record, right?

6 **A. Of the patient's medical --**

7 MS. THOMPSON: Objection.

8 THE WITNESS: Of the patient's medical

9 records [REDACTED]

10 **[REDACTED].**

11 BY MS. BROWN:

12 Q. Did you consider medical records [REDACTED]

13 **[REDACTED]?**

14 **A. No, I didn't.**

15 Q. Did you consider her own self-report of

16 a BMI of 32?

17 MS. THOMPSON: Objection.

18 THE WITNESS: And when did she say she

19 had a BMI of 32?

20 BY MS. BROWN:

21 Q. In the five years prior to her

22 diagnosis.

23 MS. THOMPSON: Objection.

24 THE WITNESS: Okay. So I'm sorry.

25 What's the question?

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Page 608

1 BY MS. BROWN:

2 Q. Did you consider that?

3 I mean she said this was my weight and  
4 this was my height.

5 **A. I didn't consider that. I was relying**  
6 **on the data from IARC that said at the time of**  
7 **diagnosis, the patient's BMI of over 40 was a risk**  
8 **factor.**

9 Q. And what about data like we're looking  
10 at in Exhibit 37, did you consider this type of data  
11 from the Ovarian Cancer Association Consortium?

12 **A. I think I did, but I was looking at it**  
13 **more from the point of view of a recent BMI.**

14 Q. It doesn't really make sense, though,  
15 to you when you think about the mechanism by which  
16 obesity is thought to increase a woman's risk of  
17 ovarian cancer, it doesn't really make sense to you,  
18 does it, that you wouldn't look somewhat back in time  
19 to see what a woman's weight was leading up to  
20 diagnosis, right?

21 MS. THOMPSON: Objection.

22 THE WITNESS: What would -- I'm not  
23 sure I understand the mechanism you're talking about.

24 BY MS. BROWN:

25 Q. If obesity is what is putting somebody

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1 MS. THOMPSON: Objection.

2 THE WITNESS: Because that's the way  
3 scientific literature has reported it. For example,  
4 with IRAC's report. So this is a different way of  
5 looking at it. Obesity earlier in life, at the time  
6 of diagnosis and maximum obesity. So they've split  
7 it in different ways than IARC did.

8 BY MS. BROWN:

9 Q. So you then, am I correct, did not  
10 consider obesity to be a cause of Ms. Newsome's  
11 ovarian cancer?

12 **A. Based on her weight at the time of her**  
13 **diagnosis, yes.**

14 Q. If I understand your opinion, because  
15 you calculated a BMI of 28 at the time Ms. Newsome  
16 was diagnosed, you have formed the opinion that  
17 obesity was not a cause or a contributing factor in  
18 Ms. Newsome's endometrioid ovarian cancer?

19 **A. That was my formulation at the time I**  
20 **wrote this report.**

21 Q. And you stand by that today?

22 **A. I think I would consider this data that**  
23 **you just showed me.**

24 Q. Okay. I guess in forming your opinion  
25 about the causes of Ms. Newsome's endometrioid

Page 609

1 at risk for ovarian cancer, right, you would agree  
2 with me that that risk from obesity doesn't happen  
3 within, you know, a year before a woman develops  
4 ovarian cancer, true?

5 MS. THOMPSON: Objection.

6 THE WITNESS: So I think the chronic  
7 inflammation, if that's what you're talking about,  
8 the mechanism --

9 MS. BROWN: Yes, right.

10 THE WITNESS -- is caused by obesity.  
11 So that chronic inflammation of the ovary would be  
12 contributed to prior obesity.

13 BY MS. BROWN:

14 Q. So, I mean, it really matters -- the  
15 chronic inflammation caused by obesity that's thought  
16 to cause ovarian cancer doesn't happen the day a  
17 woman presents with ovarian cancer, right? It takes  
18 some time?

19 **A. That's right. Just like with talcum**  
20 **powder, chronic inflammation caused by obesity. I**  
21 **can understand that thinking.**

22 Q. So why would you then take and consider  
23 a woman's weight on the day she's diagnosed as the  
24 point at which you're evaluating whether or not she  
25 was obese?

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1 ovarian cancer, fair to say you would want a little  
2 more time to review and consider data regarding  
3 obesity as a risk factor for endometrioid ovarian  
4 cancer as contained in Exhibit 37?

5 MS. PITTARD: Objection.

6 MS. THOMPSON: Object to form.

7 THE WITNESS: Do I need more time like  
8 today?

9 I'm not sure what you're talking about.

10 BY MS. BROWN:

11 Q. I was just trying to rephrase, and  
12 maybe I didn't do it well.

13 It sounds like I was asking you if you  
14 stood by your opinion that obesity was not a cause of  
15 Ms. Newsome's endometrioid cancer, and I thought I  
16 heard you say, well, I would want some time to  
17 consider Exhibit 37, the data we were just looking  
18 at.

19 Is that fair.

20 MS. THOMPSON: Objection.

21 THE WITNESS: I think based on what  
22 you've shown me, I think I've seen enough of it that  
23 would say that that's contributing as a cause for  
24 ovarian cancer.

25 BY MS. BROWN:

Pages 608 to 611



Page 620

1 chronic inflammatory process that may be painful, may  
2 not be painful. Pain in joints, which is a different  
3 organ system altogether, but can have chronic  
4 inflammation.

5 Q. So does science understand yet what, in  
6 some instances, causes chronic inflammation to be  
7 painful and what, in other instances, causes it not  
8 to be?

9 MS. THOMPSON: Objection.

10 THE WITNESS: I'm not aware of that  
11 science one way or the other.

12 BY MS. BROWN:

13 Q. Other than age, talc, unknown factors  
14 and obesity, did you identify any other causes of  
15 Ms. Newsome's endometrioid cancer?

16 A. Of her --

17 Q. Ms. Newsome's endometrioid ovarian  
18 cancer.

19 A. I see. No.

20 MS. BROWN: Can we go off the record  
21 for a second?

22 (Off-the-record discussion)

23 BY MS. BROWN:

24 Q. Back on the record.

25 Dr. Clarke-Pearson, we are going to

Page 622

1 [REDACTED]

2 [REDACTED]

3 [REDACTED]

4 [REDACTED]

5 Godleski report. Two talc particles.

6 Talc after every shower, 1968 to 2018.

7 50 years. And then below it I have tubal at 2010.

8 So that would equal 42 years.

9 The second page.

10 [REDACTED]

11 [REDACTED]

12 [REDACTED]

13 [REDACTED]

14 [REDACTED]

15 [REDACTED]

16 [REDACTED]

17 [REDACTED]

17 according to the medical records.

18 Q. Can I stop you right there, Doctor?

19 So it sounds like you have conflicting

20 dates for [REDACTED], is that right?

21 A. I have seen two different records, or I

22 believe [REDACTED] came from Ms. Rausa's deposition.

23 And the medical records say [REDACTED]

24 Q. And what's your -- I think in your

25 report you went with [REDACTED] is that right?

Page 621

1 shift gears a bit and talk about our final plaintiff  
2 for which you are here offering a specific causation  
3 opinion, Ms. Pasqualina Rausa.

4 Could we start, if you don't mind,  
5 Doctor, as we've done for some of these other folks  
6 with you, just reading into the record the notes you  
7 have on Ms. Rausa.

8 A. Certainly. It's entitled Rausa.

9 [REDACTED]

10 [REDACTED]

11 [REDACTED]

12 [REDACTED]

13 [REDACTED]

14 [REDACTED]

15 [REDACTED]

16 [REDACTED]

17 [REDACTED]

18 [REDACTED]

19 [REDACTED]

20 [REDACTED]

21 [REDACTED]

22 [REDACTED]

23 [REDACTED]

24 [REDACTED]

25 [REDACTED]

Page 623

1 A. Yes.

2 Q. So what's your methodology in this  
3 instance for discounting the testimony of Ms. Rausa  
4 as to when it was that [REDACTED]?

5 MS. THOMPSON: Objection.

6 THE WITNESS: I think that the medical  
7 record was recorded, if I can put it that way.  
8 Closer to the time of [REDACTED] it would be more  
9 likely that she would have remembered [REDACTED]  
10 [REDACTED] rather than a number of years  
11 later after she had ovarian cancer and after she had  
12 been treated.

13 BY MS. BROWN:

14 Q. Are you suggesting that remembering  
15 things that happened a long time ago can sometimes  
16 lead to errors in accuracy?

17 MS. THOMPSON: Objection. Form.

18 THE WITNESS: Yes.

19 BY MS. BROWN:

20 Q. And so in this instance, you made the  
21 determination that Ms. Rausa's recollection, as  
22 articulated in her deposition, of when [REDACTED]  
23 [REDACTED] perhaps less accurate than a  
24 contemporaneous medical record?

25 A. That she would have given that

Pages 620 to 623

Page 624

1 information to a physician -- well, some medical  
 2 provider at the time that that was recorded, yes.  
 3 Q. Did you consider, having looked now at  
 4 a ton of medical records, do you agree that sometimes  
 5 things in medical records are wrong?  
 6 A. Yes.  
 7 Q. Did you consider that that medical  
 8 record on which you relied that is inconsistent with  
 9 Ms. Rausa's self-report regarding [REDACTED]  
 10 [REDACTED], did you consider that that medical  
 11 record might have been wrong?  
 12 A. I did consider that.  
 13 Q. And tell me how you came to the  
 14 conclusion that it wasn't wrong?  
 15 A. I just felt like it had been recorded,  
 16 I didn't see anything other -- outstanding errors in  
 17 the medical record that would suggest that there is  
 18 some sort of ongoing mistakes into the medical  
 19 record.  
 20 Q. If true, assume with me hypothetically  
 21 that Ms. Rausa's testimony regarding [REDACTED]  
 22 [REDACTED] was accurate and [REDACTED]  
 23 [REDACTED], would that change your opinions in  
 24 any way in this case?  
 25 A. Well, it would suggest that she had a

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1 That's the end of what I have on my  
 2 notes.  
 3 BY MS. BROWN:  
 4 Q. Thank you, Doctor.  
 5 Just because you said it last, let me  
 6 start there.  
 7 The two particles of what Dr. Godleski  
 8 claimed to be talc were not found in any of  
 9 Ms. Rausa's tissue that was associated with cancer,  
 10 is that right?  
 11 A. I'd have to look and see. I'm sorry, I  
 12 don't recall exactly.  
 13 Can I look?  
 14 Would you like me to look?  
 15 Q. Yeah, of course.  
 16 A. Yes, I believe they're in lymph nodes.  
 17 Q. And Ms. Rausa didn't have cancer in her  
 18 lymph nodes, correct?  
 19 A. Let me look at her pathology report, if  
 20 I could.  
 21 Q. Sure.  
 22 A. The surgeon removed ten lymph nodes,  
 23 not a lot, but none of them had cancer in them.  
 24 That's correct.  
 25 Q. So the two lymph nodes in which Dr.

Page 625

1 [REDACTED].  
 2 Q. What is the date range that you  
 3 consider normal menopause?  
 4 A. Well, we usually say 51, but there is a  
 5 range, as you just said. Around 51. So 55, 56 might  
 6 be at the upper end of that range.  
 7 Q. And would, in your view, continued  
 8 ovulation during those five years have increased  
 9 Ms. Rausa's risk for ovarian cancer?  
 10 A. Somewhat.  
 11 Q. I'm sorry. I interrupted you with your  
 12 list.  
 13 A. The next line on my notes say [REDACTED]  
 14 [REDACTED]  
 15 [REDACTED]  
 16 [REDACTED]  
 17 [REDACTED]  
 18 [REDACTED]  
 19 [REDACTED]  
 20 [REDACTED]  
 21 [REDACTED]  
 22 [REDACTED]  
 23 [REDACTED]  
 24 [REDACTED]  
 25 And talc, two particles.

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1 Godleski claims to have found something consistent  
 2 with talc were not lymph nodes that had cancer,  
 3 right?  
 4 A. No.  
 5 Q. And in any of the Dr. Godleski records  
 6 which you've referenced during the course of this  
 7 deposition, is Dr. Godleski finding evidence of  
 8 chronic inflammation around these talc particles?  
 9 MS. THOMPSON: Objection.  
 10 THE WITNESS: I don't recall, but I do  
 11 recall him describing macrophages, which are a  
 12 component of chronic inflammation.  
 13 BY MS. BROWN:  
 14 Q. Is it your understanding, having  
 15 reviewed Dr. Godleski's reports, that for all of the  
 16 talc particles he claims to have found in these three  
 17 cases, he observed a macrophage response?  
 18 MS. THOMPSON: Objection.  
 19 THE WITNESS: I'm not sure what you  
 20 mean by macrophage response.  
 21 BY MS. BROWN:  
 22 Q. That he observed macrophages around  
 23 these particles?  
 24 A. I think he saw macrophages in the  
 25 region.

Pages 624 to 627



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1 Q. Not having anything to do with the talc  
2 particles?

3 MS. THOMPSON: Objection.

4 THE WITNESS: My recollection, whether  
5 it's in the peer-reviewed literature or in some of  
6 these reports, that talc has been found in  
7 macrophages, which is the role of the macrophage to  
8 come into -- gobble up or take on the inflammatory  
9 product, whatever it is. In this case talc.

10 BY MS. BROWN:

11 Q. Is it your view that, one, that happens  
12 with talc particles in the human body, macrophages  
13 come in and try to engulf the particles?

14 A. Yes.

15 Q. And is it your view that somehow those  
16 macrophages are frustrated in that effort and they  
17 can't engulf a talc particle?

18 A. Not that I know of.

19 Q. So your expectation, if you are seeing  
20 talc particles in human tissue, is that they would be  
21 associated with some type of inflammatory response?

22 A. A chronic inflammatory response, yes.

23 Q. And how can you -- what is the evidence  
24 on a pathology slide of a chronic inflammatory  
25 response?

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1 MS. THOMPSON: Objection.

2 THE WITNESS: Many times -- in fact,  
3 you can never see some of the inflammatory cytokines  
4 and all those other reactive oxygen species that are  
5 causing a reactive -- this is on a molecular basis,  
6 not a gross cellular level. So identifying chronic  
7 inflammation on a pathology slide, like Dr. Godleski  
8 or the pathologist that saw these slides to begin  
9 with, would not see cytokines and that sort of  
10 material. They're microscopic. They're below  
11 microscopic, they're molecular.

12 BY MS. BROWN:

13 Q. They're looking under the microscope,  
14 right?

15 A. Yes. But they can't see molecules.

16 Q. So if I understand your opinion, Dr.  
17 Clarke-Pearson, it is that the inflammatory response  
18 that talc induces is not the type of inflammatory  
19 response that you can necessarily see under a light  
20 microscope?

21 A. That's correct.

22 Q. Okay. So in addition to causing  
23 inflammation that does not manifest itself in pain,  
24 you're of the view that talc induces inflammation  
25 that does not manifest itself in macrophage activity

Page 630

1 that can be seen under a light microscope?

2 MS. THOMPSON: Objection.

3 BY MS. BROWN:

4 Q. Is that right?

5 A. That's correct.

6 Q. Sticking with Dr. Godleski's findings  
7 as it relates to Ms. Rausa, he found on page 4 of his  
8 report, 515 particles, correct?

9 A. I'll have to go back to the report. I  
10 thought we were done with that.

11 Q. That's okay. I'll give you a copy. I  
12 have it as tab 52. We might as well mark it as  
13 Exhibit 38 for the deposition.

14 A. Thank you.

15 (Exhibit 38, report from John J.  
16 Godleski, MD dated June 21, 2021, is marked for  
17 identification)

18 BY MS. BROWN:

19 Q. If you take a quick peek, Doctor, if  
20 you would, at the middle of page 4 in the paragraph  
21 that begins: In the study of the blocks on this  
22 case, Dr. Godleski reports that he found a total of  
23 515 particles.

24 Do you see that?

25 A. Yes, I do.

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1 Q. Do you know what, other than the two  
2 particles he claims to be talc, do you know what any  
3 of the other 515 particles were?

4 A. Well, he goes on to say: In many  
5 instances iron, sodium, phosphorous, calcium may be  
6 found in tissues, especially in patients with  
7 malignancy.

8 Certainly I'm aware on a microscopic  
9 level, not a molecular level, that we can see  
10 calcium, which are called psammoma bodies, especially  
11 in high-grade papillary serous carcinomas. And these  
12 are calcium deposits created by the cancer that are  
13 called psammoma bodies.

14 Q. Right. And that would be an example of  
15 an endogenous particle, right? That's something the  
16 body is making, the calcium, right?

17 A. That the -- yes, that the cancer  
18 created.

19 Q. Sure.

20 And you know that he says here he  
21 identified a 150 particles that had a variety of  
22 constituents indicative of exogenous materials.

23 Do you see that?

24 A. Yes.

25 Q. Do you know or did you do any

Pages 628 to 631

Page 632

1 investigation into what the 158 exogenous materials  
2 or particles were that Dr. Godleski found?

3 **A. No.**

4 Q. Could those particles, any 158 of them,  
5 have played a role in Ms. Rausa's development of  
6 ovarian cancer?

7 MS. THOMPSON: Objection.

8 THE WITNESS: That's certainly  
9 possible.

10 BY MS. BROWN:

11 Q. And in forming your case-specific  
12 opinion here regarding Ms. Rausa, you didn't do any  
13 investigation into trying to figure out what these  
14 158 exogenous particles were, correct?

15 **A. I would rely on Dr. Godleski to tell me  
16 what those are.**

17 Q. Well, he doesn't know. So if he  
18 doesn't know, you don't know, is that fair?

19 MS. THOMPSON: Objection.

20 THE WITNESS: That's fair.

21 BY MS. BROWN:

22 Q. And in terms of your reliance on Dr.  
23 Godleski, you've never met Dr. Godleski, right?

24 **A. No, I have not.**

25 Q. You are not an expert in the type of

Page 634

1 Godleski or other experts more in the details of this  
2 technique.

3 BY MS. BROWN:

4 Q. And that's really what I'm after. I  
5 mean, the jury is going to hear and evaluate what Dr.  
6 Godleski is doing.

7 Is your opinion in these three cases

8 contingent upon Dr. Godleski having found talc as  
9 reported in his case-specific reports?

10 MS. THOMPSON: Objection.

11 THE WITNESS: My opinion in these cases  
12 has to do with the totality of not only the specific  
13 case, but my opinions reported in my overall report.

14 We can talk about migration some more,  
15 we can talk about chronic inflammation and all those  
16 issues, and it's clear that, in my opinion based on  
17 Dr. Godleski's report, that talcum powder is getting  
18 into the pelvis, embedded in tissues like lymph  
19 nodes. So the matter of does talc get there is a  
20 moot point, in my opinion. And we know that talc  
21 causes inflammation, and based on the totality of the  
22 epidemiologic data, increases the risk of ovarian  
23 cancer.

24 BY MS. BROWN:

25 Q. I want you to hypothetically assume for

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1 SEM analysis that Dr. Godleski purports to do in  
2 these cases, correct?

3 **A. I'm not an expert. I mean I can  
4 interpret what he's trying to find, which  
5 is identifying -- specifically identifying talc.**

6 Q. And in terms of the methodology that  
7 Dr. Godleski employs in his efforts to do that, are  
8 you offering an opinion on the reliability of Dr.  
9 Godleski's efforts to identify what he claims may be  
10 consistent with talc in these cases?

11 MS. THOMPSON: Objection.

12 THE WITNESS: Well, the scanning  
13 electron microscopy of these birefringent particles  
14 look to me like -- have the characteristics on  
15 scanning electron microscopy of talc. So I believe  
16 that that's true.

17 BY MS. BROWN:

18 Q. Well, you know Dr. Godleski says within  
19 a range what he's identifying may have the  
20 characteristic of talc. I mean, are you, as part of  
21 your case-specific expert opinion, standing behind  
22 the reliability of the methods that Dr. Godleski  
23 purports to use?

24 MS. THOMPSON: Objection.

25 THE WITNESS: I would refer to Dr.

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1 me that Dr. Godleski is wrong.

2 Are you with me?

3 **A. Hypothetically. This is not talc  
4 or tremolite --**

5 Q. Let's just say --

6 **A. -- or fibrous talc.**

7 Q. Let's just say you weren't even  
8 provided with any of these Godleski reports.

9 Are you still able to conclude, as  
10 you've done in each of these three cases, that talc  
11 caused endometrioid clear cell and high-grade serous  
12 ovarian cancer in these three women?

13 MS. THOMPSON: Objection.

14 THE WITNESS: Yes.

15 BY MS. BROWN:

16 Q. Regarding Ms. Rausa, you, Dr.  
17 Clarke-Pearson, are not one of her treating  
18 physicians, correct?

19 **A. That's correct.**

20 Q. You were not involved in the diagnosis  
21 or treatment with respect to her ovarian cancer,  
22 correct?

23 **A. That's correct.**

24 Q. You have not met Ms. Rausa or anyone in  
25 her family, correct?

Pages 632 to 635

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1 Q. And can you point me to the medical  
2 record on which you relied for [REDACTED]?  
3 A. I'm not sure it's here in my folder,  
4 but maybe it is.  
5 Q. Okay. Thank you. Take your time.  
6 A. Yes. Bottom of page one, Cancer  
7 Specialists of North Florida dated [REDACTED].  
8 Q. [REDACTED].  
9 A. Oh, I'm sorry. That's [REDACTED].  
10 [REDACTED].  
11 Q. Yeah. But that's the record that [REDACTED]  
12 [REDACTED]  
13 [REDACTED], right?  
14 Do you think that's where you might  
15 have misunderstood [REDACTED]?  
16 A. That's possible. I see [REDACTED].  
17 [REDACTED].  
18 Q. Right. So there is a surgical history  
19 that [REDACTED], right?  
20 A. Yes. It talks about [REDACTED]  
21 [REDACTED]  
22 [REDACTED]  
23 Q. With [REDACTED].  
24 So it could have been -- it could have

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1 (Recess is taken)  
2 MS. BROWN: We're almost there.  
3 THE WITNESS: Okay.  
4 BY MS. BROWN:  
5 Q. Welcome back, Doctor.  
6 We're going to just finish up quickly  
7 with our discussion of Ms. Rausa.  
8 Ms. Rausa, according to your expert  
9 report, had a BMI at the time of her diagnosis of  
10 36.5, correct?  
11 A. Yes.  
12 Q. And you would consider that to be  
13 obese, correct?  
14 A. Yes, I do.  
15 Q. Do you believe that Ms. Rausa's obesity  
16 was a cause of her ovarian cancer?  
17 A. I think it was a partial causative  
18 factor. A cause, not the cause.  
19 Q. In terms of one of the causes of  
20 Ms. Rausa's ovarian cancer, do you identify obesity  
21 as one of the causes of Ms. Rausa's ovarian cancer?  
22 A. Yes. I attributed it to her.  
23 Q. And so in your report on page 17, you  
24 describe her obesity as -- at the end -- I'm looking  
25 at the end of your report at page 17 in summary, you

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1 been that you looked at [REDACTED]  
2 [REDACTED], right?  
3 A. That's certainly possible.  
4 Q. Any other indication, based on your  
5 review of these records, that you think supports the  
6 notion that [REDACTED]  
7 [REDACTED]?  
8 A. There are many other clinic history and  
9 physical notes that [REDACTED]  
10 [REDACTED].  
11 In fact, this is a note from a medical  
12 oncologist. There are other notes which would be  
13 prior to her surgery that I don't have here in front  
14 of me today.  
15 Q. I guess even though you don't have  
16 those notes in front of you today, your recollection  
17 of how you arrived at [REDACTED] was a -- was that  
18 it was contained somewhere in the medical records, is  
19 that right?  
20 A. Yes, that's what we've been saying. It  
21 may not have been that specific medical record.  
22 MS. PARFITT: Can we take a break?  
23 MS. BROWN: Off the record.  
24 (Off-the-record discussion)  
25

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1 describe her as having mild obesity.  
2 Is that how you would describe the type  
3 of obesity that Ms. Rausa is clinically diagnosed  
4 with?  
5 A. Well, she certainly doesn't have a BMI  
6 of over 40, which would be considered morbid obese.  
7 Q. Right. But is 36.5 a pretty  
8 significantly obese BMI?  
9 A. Well, between -- it's over 30, which is  
10 the definition of obesity.  
11 Q. Okay. And here you say in your report  
12 that the obesity did not represent a substantial  
13 contributing cause. But it sounds like you are of  
14 the view, here in your deposition, that Ms. Rausa's  
15 obesity was a cause of her ovarian cancer, is that  
16 right?  
17 A. It was one of the causes, yes.  
18 Q. You note in your report that Ms. Rausa  
19 did not breast feed, correct?  
20 A. That's what I had in my report and I  
21 think I obtained that from her deposition.  
22 Q. So did that increase her risk of  
23 ovarian cancer?  
24 A. No. It just didn't decrease her risk.  
25 Q. Okay. How did you come to the

Pages 660 to 663

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1 conclusion that Ms. Rausa did not have [REDACTED]  
 2 [REDACTED]?  
 3 **A. There was no clinical or medical**  
 4 **evidence that I saw in the medical record.** [REDACTED]  
 5 [REDACTED]  
 6 [REDACTED]  
 7 [REDACTED]  
 8 [REDACTED]  
 9 [REDACTED]  
 10 [REDACTED]  
 11 Q. Can you have [REDACTED] and still [REDACTED]  
 12 [REDACTED]?  
 13 Is that a possible factual scenario?  
 14 **A. Yes. It can happen.**  
 15 Q. Let me show you two medical records and  
 16 ask for your -- how you considered these in your  
 17 report.  
 18 Kate, can we get tabs 104 and 105?  
 19 And we will mark as Exhibit 41, a  
 20 medical record with Bates PRAUSAPL-126.  
 21 (Exhibit 41, medical record Bates  
 22 stamped PRAUSAPL-126, is marked for identification)  
 23 BY MS. BROWN:  
 24 Q. And it is a medical records from St.  
 25 Vincent Medical Center. And this is a [REDACTED]

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1 [REDACTED]  
 2 Do you see that?  
 3 **A. I was looking at the date. But yes, I**  
 4 **do see that.**  
 5 Q. And this appears to be a medical record  
 6 of Ms. Rausa's from [REDACTED], correct?  
 7 **A. Yes, that's correct.**  
 8 Q. Okay.  
 9 **A. And I have that noted in my report.**  
 10 Q. And this is a report of [REDACTED]  
 11 [REDACTED], right?  
 12 **A. [REDACTED]**  
 13 [REDACTED]  
 14 Q. I'm just looking at right under report  
 15 it says [REDACTED].  
 16 **A. Okay. I see that. Yes.**  
 17 Q. And this is, of course, one of the  
 18 medical records you considered in forming your  
 19 opinion, correct?  
 20 **A. Yes. I referenced it, yes.**  
 21 Q. And under impression, number three, it  
 22 states: [REDACTED]  
 23 [REDACTED].  
 24 Do you see that?  
 25 **A. Yes.**

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1 Q. And the medical provider interpreting  
 2 this examination writes: [REDACTED]  
 3 [REDACTED]  
 4 [REDACTED].  
 5 Do you see that?  
 6 **A. Yes, I do.**  
 7 Q. Okay. Did you consider that in coming  
 8 to the conclusion that Ms. Rausa [REDACTED]  
 9 [REDACTED]?  
 10 **A. I'm sorry. Please say the question**  
 11 **again.**  
 12 Q. Sure.  
 13 The medical provider interpreting this  
 14 examination of Ms. Rausa indicated that [REDACTED]  
 15 [REDACTED]  
 16 [REDACTED] correct?  
 17 **A. That's what he said it looked like.**  
 18 Q. Did you review this report?  
 19 **A. I reviewed this report and then I**  
 20 **reviewed the rest of her story which proceeds very**  
 21 **quickly to identify that [REDACTED]**  
 22 [REDACTED].  
 23 Q. So this, you do not believe, is an  
 24 indication that Ms. Rausa had [REDACTED]  
 25 [REDACTED]

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1 [REDACTED]?  
 2 MS. THOMPSON: Objection.  
 3 THE WITNESS: Absolutely not [REDACTED]  
 4 [REDACTED] This is a the radiologist offering  
 5 an opinion without full -- well, he offered an  
 6 opinion. It's a 62 year old women, 62 year old women  
 7 [REDACTED]. Women who have  
 8 ovarian cancer diagnosed a month later with [REDACTED]  
 9 [REDACTED]  
 10 [REDACTED] The radiologist misinterpreted it,  
 11 overreached his diagnostic -- what we would expect to  
 12 see on a report. He simply could have said [REDACTED]  
 13 [REDACTED].  
 14 BY MS. BROWN:  
 15 Q. Got it.  
 16 And so there are a number of records,  
 17 as you know, from around this time period [REDACTED]  
 18 [REDACTED], right?  
 19 **A. Right.**  
 20 Q. And as I understand your opinion, all  
 21 of those medical records are likely [REDACTED]  
 22 [REDACTED], is that right?  
 23 **A. I would have to look at each one of**  
 24 **those records.**  
 25 Q. Well, let's just look at one more and

Pages 664 to 667



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1 tell me how you considered this.  
 2 MS. BROWN: We'll mark as 42 a medical  
 3 record that has the Bates number SVMCRM-9.  
 4 (Exhibit 42, medical record Bates  
 5 stamped SVMCRM-9, is marked for identification)  
 6 THE WITNESS: Thank you.  
 7 BY MS. BROWN:  
 8 Q. And so this is another St. Louis --  
 9 sorry -- St. Vincent Medical Center medical record  
 10 and it's reporting [REDACTED]  
 11 [REDACTED], correct, under history and symptoms?  
 12 A. Yes.  
 13 MS. THOMPSON: Objection. This is the  
 14 same [REDACTED].  
 15 MS. BROWN: Well, he's going to testify  
 16 about that.  
 17 MS. THOMPSON: Okay. I thought you  
 18 didn't realize you were giving us two copies of the  
 19 same thing.  
 20 Okay. You said another report, so I  
 21 was just...  
 22 BY MS. BROWN:  
 23 Q. And under [REDACTED], you see [REDACTED]  
 24 [REDACTED] right?

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1 [REDACTED]  
 2 Q. Got it.  
 3 A. So, I'm sorry, what is your question?  
 4 Q. So my question is, in terms of this  
 5 individual's [REDACTED]  
 6 [REDACTED], are you of the same view that [REDACTED]  
 7 [REDACTED]?  
 8 A. Yes.  
 9 Q. And did I hear you say in terms of your  
 10 professional opinion that it would be unusual, if not  
 11 impossible, for [REDACTED]  
 12 [REDACTED]?  
 13 MS. THOMPSON: Objection.  
 14 THE WITNESS: Yes.  
 15 BY MS. BROWN:  
 16 Q. And why is that?  
 17 A. Because it's a disease, a condition of  
 18 premenopausal women and Ms. Rausa was 62 years old  
 19 and clearly menopausal. We don't see [REDACTED]  
 20 [REDACTED] --  
 21 Q. Got it. Go ahead.  
 22 A. Another thing, you might note on the  
 23 handwritten report [REDACTED]  
 24 [REDACTED],

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1 A. [REDACTED]  
 2 [REDACTED]  
 3 [REDACTED]. Interesting.  
 4 Yes, that's what it says.  
 5 Q. What's interesting about [REDACTED]  
 6 [REDACTED]?  
 7 A. I would have expected that [REDACTED]  
 8 [REDACTED]  
 9 [REDACTED]  
 10 [REDACTED].  
 11 Q. Because your counsel jumped in with her  
 12 view that this is a report of [REDACTED]  
 13 [REDACTED]  
 14 Is this a [REDACTED]  
 15 MS. THOMPSON: That's not what I said.  
 16 MS. BROWN: Shhh.  
 17 THE WITNESS: Okay. They've circled  
 18 [REDACTED].  
 19 BY MS. BROWN:  
 20 Q. Right.  
 21 A. And then there is this notation by  
 22 somebody, [REDACTED]  
 23 [REDACTED]  
 24 [REDACTED]  
 25 [REDACTED]

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1 [REDACTED]  
 2 [REDACTED].  
 3 Q. And what does that indicate to you?  
 4 A. That would make my suspicion of ovarian  
 5 cancer higher. But these reports, you know,  
 6 ultimately [REDACTED]. She had ovarian cancer.  
 7 Q. And now do you consider [REDACTED]  
 8 [REDACTED] to be a risk factor ovarian cancer?  
 9 A. I think a minor risk factor, but yes.  
 10 Q. And what about in terms of the causes  
 11 of Ms. Rausa's ovarian cancer, you identify, of  
 12 course, talc, right, as a cause of Ms. Rausa's  
 13 ovarian cancer, correct?  
 14 A. Yes. Yes.  
 15 Q. And you identify Ms. Rausa's obesity as  
 16 a cause of her ovarian cancer, correct?  
 17 A. Yes.  
 18 Q. And you would identify unknown causes  
 19 or an unknown cause as -- let me strike that.  
 20 You would identify unknown factors as a  
 21 cause or causes of Ms. Rausa's ovarian cancer,  
 22 correct?  
 23 A. Yes.  
 24 Q. Any other causes of ovarian cancer that  
 25 you identified for Ms. Rausa?

Pages 668 to 671

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1 **A. I'm just looking through my list one**  
 2 **more time.**  
 3 Q. Sure.  
 4 **A. She had some things that would have**  
 5 **reduced her risk, but in terms of causative factors,**  
 6 **I think obesity, talc and age would be --**  
 7 Q. Oh, I forgot age. Okay.  
 8 Age was a cause of Ms. Rausa's ovarian  
 9 cancer, correct?  
 10 **A. Increased her risk of having more**  
 11 **mutations, yes.**  
 12 Q. But you considered it a cause, right?  
 13 **A. Yes.**  
 14 Q. And that's true for all the three women  
 15 we've discussed, Ms. Newsome, Ms. Converse and Ms.  
 16 Rausa, you considered each individual woman's age to  
 17 be a cause of their ovarian cancer, correct?  
 18 **A. The older they are, the higher risk**  
 19 **they have.**  
 20 Q. Okay. And Ms. Rausa was diagnosed at  
 21 63, is that right?  
 22 **A. That's what my notation is.**  
 23 Q. So the causes of Ms. Rausa's ovarian  
 24 cancer were age, talc, obesity and unknown factors,  
 25 correct?

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1 **A. That would be my interpretation, yes.**  
 2 Q. Are there any risk factors for ovarian  
 3 cancer that you do not include in your case-specific  
 4 reports?  
 5 You see how you kind of have a list  
 6 here in the Rausa report at page 16 through 17?  
 7 **A. I try to do my best to list everything**  
 8 **that correlated with what I had had in my general**  
 9 **report. If I missed something, I apologize.**  
 10 Q. Well, do you consider douching, for  
 11 example, to be a risk factor for ovarian cancer?  
 12 **A. Not by itself.**  
 13 Q. And what do you mean by that?  
 14 **A. Douching, without the use of talcum**  
 15 **powder, I don't believe increases the risk.**  
 16 Q. And do you discount the findings of the  
 17 Sister study on that score?  
 18 **A. I was looking predominantly at the**  
 19 **Cramer study.**  
 20 Q. Okay. But what about the prospective  
 21 Sister study that found an increased -- statistically  
 22 significant increased risk for ovarian cancer for  
 23 douching, but not talc?  
 24 MS. THOMPSON: Objection.  
 25 THE WITNESS: There are a number of

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1 trouble -- problems with the Sister study.  
 2 BY MS. BROWN:  
 3 Q. What about as to how it relates to  
 4 their findings about douching, do you have critiques  
 5 of that?  
 6 **A. It is what they say it is. Their**  
 7 **follow-up was short. These were younger women who**  
 8 **were at lower risk. There is a variety of issues**  
 9 **with regard to that cohort study that I would raise.**  
 10 Q. Did you say that the women in the  
 11 Sister study were at lower risk?  
 12 **A. They were younger and, therefore, at**  
 13 **lower risk. The follow-up was short.**  
 14 Q. So fair to say, you don't consider  
 15 douching to be -- douching separate and apart from  
 16 talc to be a risk factor for ovarian cancer?  
 17 MS. THOMPSON: Objection.  
 18 THE WITNESS: I don't.  
 19 BY MS. BROWN:  
 20 Q. Do you consider douching with also  
 21 using talc to be a risk factor?  
 22 MS. THOMPSON: Objection.  
 23 THE WITNESS: In the Cramer study it  
 24 said yes.  
 25 BY MS. BROWN:

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1 Q. So did you consider the fact that  
 2 Ms. Rausa had douched as a risk factor for her  
 3 ovarian cancer?  
 4 MS. THOMPSON: Objection.  
 5 THE WITNESS: I hadn't really given  
 6 that consideration, but now that you brought it to my  
 7 attention, I think that would increase her risk a  
 8 little bit, but predominantly because she was using  
 9 talc.  
 10 BY MS. BROWN:  
 11 Q. So would you consider the fact that  
 12 Ms. Rausa douched to also be a cause of her ovarian  
 13 cancer?  
 14 MS. THOMPSON: Objection.  
 15 THE WITNESS: Yes.  
 16 BY MS. BROWN:  
 17 Q. So in terms of the causes of Ms.  
 18 Rausa's ovarian cancer, age, talc, obesity, douching  
 19 and unknown factors all caused Ms. Rausa's ovarian  
 20 cancer, correct?  
 21 **A. All contributed to the outcome of**  
 22 **ovarian cancer, yes.**  
 23 Q. But each one of those factors, age,  
 24 talc, obesity, unknown and douching were a cause of  
 25 Ms. Rausa's ovarian cancer?

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1 MS. THOMPSON: Objection.

2 THE WITNESS: Yes.

3 BY MS. BROWN:

4 Q. And in terms of the percentage that  
5 each of those factors contributed to cause  
6 Ms. Rausa's ovarian cancer, science doesn't allow us  
7 to know that sitting here today, is that fair?

8 **A. We can't ascribe a weight, if you will,  
9 or a percentage risk to that.**

10 Q. And in terms of which of those factors,  
11 age, talc, obesity, unknown or douching started to  
12 create ovarian cancer first in terms of time, we also  
13 don't know that.

14 Is that fair?

15 **A. That's fair. Or we don't know, to flip  
16 it around, to say we don't know when the last  
17 mutation occurred that then caused the cancer. We're  
18 going with 5 to 10 mutations, so we don't know which  
19 one came first, second, third, fourth and last.**

20 Q. We do know, as it relates to talc, that  
21 whatever the date is Ms. Rausa had her tubal  
22 ligation, in your view, based on your understanding  
23 of how talc reaches the ovaries, it would not have  
24 continued to enter her body -- enter the pathway to  
25 her ovaries after her tubal ligation, is that

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1 **time, not something chronic.**

2 Q. Did you do any investigation in any of  
3 these individual cases about whether any of the women  
4 in these cases used a daily hygiene product like soap  
5 that contained talc?

6 **A. If they used a daily hygiene product?  
7 You just mean soap when they bathed or something  
8 special?**

9 Q. So when I was talking about [REDACTED]  
10 you raised the issue that some soaps contain talc,  
11 right?

12 **A. Yes.**

13 Q. In forming your case-specific opinions  
14 in this litigation, did you do any investigation, ask  
15 any questions, look at any documents to find out  
16 whether any of the three women that you're opining on  
17 used a soap product with talc?

18 **A. I did not investigate that question.**

19 Q. Did you ask or ask the lawyers to ask  
20 Dr. Godleski if any of the particles he found that  
21 are consistent with talc, in his opinion, could have  
22 come from a soap product with talc?

23 **A. Did not ask.**

24 Q. Do you intend to offer any opinions  
25 about Ms. Rausa's course of treatment?

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1 correct?

2 **A. That as well as douching wouldn't have  
3 gone into her pelvis either after her tubal ligation.**

4 Q. Have you ever heard of a medicine  
5 called [REDACTED]?

6 **A. Yes.**

7 Q. What's that?

8 **A. It's an [REDACTED]  
9 [REDACTED].**

10 Q. And have you ever prescribed [REDACTED]?

11 **A. Yes.**

12 Q. Do you think it's a good medicine,  
13 works well?

14 MS. THOMPSON: Objection.

15 THE WITNESS: I think it's a good  
16 medicine for [REDACTED].

17 BY MS. BROWN:

18 Q. Did you see in Ms. Rausa's records that  
19 [REDACTED]?

20 **A. I did not.**

21 Q. Did you know that [REDACTED] contains  
22 talc?

23 **A. No, I didn't. But there are other  
24 things like soaps that contain talc. I presume she  
25 probably used [REDACTED] for a very short period of**

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1 **A. As I've responded to the other two  
2 patients, if I'm asked with regard to her treatment  
3 or pain and suffering or her recovery or her  
4 prognosis, I would.**

5 Q. And what, just sitting here today,  
6 what's your opinion on that?

7 Did she have a particularly difficult  
8 course of treatment?

9 **A. Well, anytime somebody has a midline  
10 incision to open their abdomen and have surgery,  
11 that's a major surgical procedure. She ultimately --**

12 Q. Doctor, I'm sorry. Can I stop you?

13 For each of these individual patients,  
14 would the surgery for the ovarian cancer have been  
15 done laparoscopically or is this not -- not a  
16 laparoscopic surgery?

17 **A. In this case it was not laparoscopic.  
18 In one of the other two, it was laparoscopic.**

19 Q. Does the extent of the disease depend  
20 on whether or not a physician can perform this  
21 laparoscopically?

22 **A. That's predominantly the decision that  
23 has to be made.**

24 Q. Got it. I'm sorry to interrupt.

25 **A. But it's a surgical decision and I'm**

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1 you expect to see full data in an abstract presented  
2 at a meeting?

3 A. Would I expect all the data to be in an  
4 abstract? No. I mean, the abstract is exactly what  
5 that says, it's taking a portion -- sort of the  
6 conclusions and some key points of that research, but  
7 it certainly doesn't present all the data that I  
8 would like to have to make a full evaluation.

9 Q. How many, if you know, how many  
10 reviewers typically evaluate a submitted abstract for  
11 presentation at the SGO annual meeting?

12 MS. BROWN: Objection to the form.

13 THE WITNESS: I do know that from my  
14 experience of being SGO president. And so when  
15 abstracts are submitted, they're triaged to specific  
16 physicians, groups of physicians that have certain  
17 expertise, and in this case, would have gone to a  
18 group of physicians who do laboratory research on  
19 cancers and not some clinician, like myself, who only  
20 operates or teaches. So it went to specific people.

21 Then the recommendations from that  
22 small committee come back to the whole program  
23 committee, which is approximately 40 or so people,  
24 and those are presented. And then a final vote is  
25 made as to whether that abstract is suitable for

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1 A. Yes. Or other sources of information  
2 are gathered by different physicians.

3 MS. THOMPSON: I don't have any other  
4 questions.

5 MS. BROWN: No further questions.

6 Thanks for your patience. We're off  
7 the record.

8 (Off the record at 3:59 PM)  
9 (Witness excused)  
10 (Deposition concluded)  
11

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1 presentation at the meeting.

2 BY MS. THOMPSON:

3 Q. Your opinion as to the association with  
4 talcum powder use in mucinous cancer is based on the  
5 epidemiology studies, right?

6 A. Yes.

7 MS. BROWN: Objection to form.

8 BY MS. THOMPSON:

9 Q. And not the mechanistic data, correct?

10 MS. BROWN: Form.

11 THE WITNESS: That's correct. I was  
12 extrapolating or hypothesizing about the mechanism.

13 BY MS. THOMPSON:

14 Q. And if other experts gave an opinion  
15 that there was an association with talcum powder and  
16 mucinous carcinoma, would you disagree with another  
17 expert's opinion?

18 MS. BROWN: Objection to the form of  
19 the question.

20 THE WITNESS: I would need to go back  
21 and reevaluate where their opinion -- the source of  
22 their opinion.

23 BY MS. THOMPSON:

24 Q. Is that because professional opinions  
25 can differ?

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## CERTIFICATE

1  
2  
3 I, Theresa Mastroianni Kugler, a Notary Public  
4 and Certified Shorthand Reporter of the State of New  
5 Jersey, do hereby certify that prior to the  
6 commencement of the examination,  
7 DANIEL L. CLARKE - PEARSON, MD,  
8 was duly sworn by me to testify the truth, the whole  
9 truth, and nothing but the truth.

10 I DO FURTHER CERTIFY that the foregoing is a  
11 true and accurate transcript of the testimony as  
12 taken stenographically by and before me at the time,  
13 place, and on the date hereinbefore set forth, to the  
14 best of my ability.

15 I DO FURTHER CERTIFY that I am neither a  
16 relative nor employee nor attorney nor counsel of any  
17 of the parties to this action, and that I am neither  
18 a relative nor employee of such attorney or counsel,  
19 and that I am not financially interested in the  
20 action.

DocuSigned by:

Theresa Kugler

439DA67C1C71495

21  
22  
23  
24 Theresa Mastroianni Kugler, C.S.R.  
25 CERTIFIED COURT REPORTER  
Certificate No. XIO857  
Date: August 30, 2021

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